

Make application to local fire department.
Fire department retains original application and issues duplicate as permit.



The Commonwealth of Massachusetts

Department of Fire Services - Office of the State Fire Marshal

APPLICATION and PERMIT

Fee: _____

for steel underground storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38, 527 CMR 1.00 Section 1.12.8.40, application is hereby made by:

Tank Owner

Tank Owner Name (please print) _____ X _____ Signature (if applying for permit)

Address _____ Street _____ City _____ State _____ Zip _____

Removal Contractor

Company Name _____ Print _____

Address _____ Print _____

Signature (if applying for permit) _____

IFCI* Certified Other _____

Contamination Assessment

Co. or Individual _____ Print _____

Address _____ Print _____

Signature (if applying for permit) _____

IFCI* Certified LSP # _____ Other _____

Tank Information

Tank Location _____ Street Address _____ City _____

Tank Capacity (gallons) _____ Substance Last Stored _____

Tank Dimensions (diameter x length) _____

Remarks: _____

Disposal Information

Firm Transporting Waste _____ State Lic. # _____

Hazardous Waste Manifest# _____ E.P.A. # _____

Approved Tank Disposal Yard _____ Tank Yard # _____

Type of Inert Gas _____ Tank Yard Address _____

Approvals

City or Town _____ FDID# _____ Permit# _____

Date of Issue _____ Date of Expiration _____

Dig Safe approval number: _____ Trenching Permit# _____

Dig Safe Toll Free Tel. Number - 800-322-4844

Signature / Title of Officer granting permit _____

*International Fire Code Institute